

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-002023

360

STATE FILE NUMBER

FILED FEB 6 1962

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

DATE AMENDED
19
AMENDED
DATE AMENDED
19
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
X
3
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF M. Tillman

FILED FEB 6 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
34 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Jackson

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4025 Benton Blvd.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4025 Benton Blvd.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Chaney

Elizabeth

Slaughter

1

18 1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-10-27

9. AGE (last birthday)

34 Yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student-Housewife

10b. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (City and state or country)

Seattle, Washington U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Isaiah Donnelly

13b. MOTHER'S MAIDEN NAME

Louise Malone

14. NAME OF HUSBAND OR WIFE

Samuel W. Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

8 Samuel W. Slaughter, 4025 Benton

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.

DUE TO (b)

Intracranial Hemorrhage

DUE TO (c)

Penetrating Gunshot Wound of Skull

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Self-Inflicted

20c. TIME OF INJURY

Hour

Month, Day, Year

2:00

11/18/62

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

NOT WHILE AT WORK ☒

4025 Benton Blvd

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

1/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-22-62

23c. NAME OF CEMETERY OR CREMATORY

Mount Oliver

23d. LOCATION (City, town, or county)

K.C. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens, 2315 Linwood

25. DATE RECD. BY LOCAL REG.

1-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Laurence A. Jones

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.